

**COUNTY OF FAIRFAX****Department of Planning and Zoning****Zoning Evaluation Division**

12055 Government Center Parkway, Suite 801

Fairfax, VA 22035 (703) 324-1290, TTY 711

www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: _____

(Staff will assign)

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME Bhagyam Ayalur
	MAILING ADDRESS 4811 Eaton Place Alexandria, VA 22310
	PHONE HOME (703) 971-8996 WORK ()
	PHONE MOBILE ()
PROPERTY INFORMATION	PROPERTY ADDRESS 4811 Eaton Place Alexandria, VA 22310
	TAX MAP NO. 082317G0041 SIZE (ACRES/SQ FT) 27,832 sq ft
	ZONING DISTRICT R-3 MAGISTERIAL DISTRICT Lee
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8-305 and 8-914
	PROPOSED USE Home Child Care Facility and to permit reduction to minimum yard requirements based on error in building location to permit sheds to remain 2.5 ft and 2.7 ft from side lot line.
AGENT/CONTACT INFORMATION	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
	PHONE MOBILE ()
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.	
<u>BHAGYAM AYALUR</u> <u>Bhagyam Ayalur</u> TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date Application accepted: _____

Application Fee Paid: \$ _____